

第一區

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一、二、三、四、五、六、七、八、九、十



in

Stellar
Stellar Form 5021 - Microsoft
StellarNet Walker's Compa.

10:18 AM

FIGURE 6

Input Form

Claims Verification Service - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Favorites Mail Print

Address http://216.103.197.67/stellarnet/patient/claim/edinput/claim_form.asp

Links [Best of the Web](#) [Cheryl Guide](#) [Customer Links](#) [Internet Explorer News](#) [Internet Start](#) [RealPlayer](#)

e-StellarNet

Claims Verification Service

Enter Patient Details (All fields are required.)

Click here for batch verification.

Last Name: SMITH

First Name: Sue

SSN: 565340665

Date of Injury: 10-24-1999

Employer: Railway Express

Payer Name: CSSG

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Figure 8 A

Alert Email

ESTELLANET EARLY CLAIMS ALERT - TEST MAIL -

File Edit View Tools Format Help

support@estellanet.com

Date: Saturday, December 04, 1999 1:22 AM

From: SUNNY@CSWL.COM

Subject: ESTELLANET EARLY CLAIMS ALERT - TEST MAIL -

Date: 12/3/99

Last Name: BOYD

First Name: JOSEPH

Social Security: 564117231

Date of Injury: 04/27/99

Employer: MCWILLAN TECH

Payer: CMMC

Microsoft Word 97/2000 | Explorer | Internet Home | Microsoft | Open | Save | Print | Close | 11:56 AM

FIGURE 8C

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